PERSON CENTERED PLANNING

HCBS Waiver Work Group
Developmental Disabilities / Medicaid and Long Term Care
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3/17/16

Appendix D: Participant-Centered Planning and Service Delivery

- Appendix D-1: Service Plan Development

State Participant-Centered Service Plan Title:	

a. **Responsibility for Service Plan Development**. Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals *(check each that applies)*:

☐	**Registered nurse, licensed to practice in the State**
☐	**Licensed practical or vocational nurse, acting within the scope of practice under State law**
☐	**Licensed physician (M.D. or D.O)**
☐	**Case Manager** (qualifications specified in Appendix C-1/C-3)
☐	**Case Manager** (qualifications not specified in Appendix C-1/C-3). *Specify qualifications*:
☐	**Social Worker** *Specify qualifications:*
☐	**Other** *Specify the individuals and their qualifications:*

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Individual Support Plan, hereafter referred to as service plan.

a. **Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals (select each that applies):

Case Manager. Specify qualifications:

- A DHHS DDD Service Coordinator (SC) (case manager) is responsible to coordinate and oversee the delivery of effective services for individuals through assessment, service plan development, referral, and monitoring activities. The SC makes referrals and coordinates related activities to help an individual obtain needed habilitation services, medical, social, educational providers, or other programs and services, and may make referrals to providers for needed services and schedule appointments for the individual. The SC completes monitoring and follow-up activities with the individual, family members, providers, or other entities to ensure that the service plan is effectively implemented and adequately addresses the needs of the individual, and whether there are changes in the needs or status of the individual that warrant making necessary adjustments in the service plan and service arrangements with providers. The SC serves as liaison for the individual and family with service provider and the community.
- The qualifications of a DDD SC are as follows:
- Bachelor's Degree and professional experience in: education, psychology, social work, sociology, or human services, or a related field and experience in services or programs for persons with intellectual or other developmental disabilities is preferred.
- Ability to mobilize resources to meet individual needs; communicate effectively to exchange information; develop working relationships with individuals with intellectual or developmental disabilities, their families, interdisciplinary team members, agency representatives, and individuals or advocacy groups; analyze behavioral data; monitor services and supports provided; apply DHHS and program rules, policies, and procedures; and organize, and evaluate, and address program/operational data.
- Knowledge of current practices in the field of community-based services for persons with intellectual disabilities and other developmental disabilities; person-centered planning, ADA standards, self-direction, community integration, the principles of normalization; provision of habilitation services; positive behavioral supports; and statutes and regulations pertaining to delivery of services for individuals with developmental disabilities.
- Knowledge of: the program resources/services available in Nebraska for persons with intellectual and other developmental disabilities; the objectives, philosophies, and functions of the Division of Developmental Disabilities; regulations governing the authorization, delivery of, and payment of community-based developmental disabilities services; Department of Education regulations; State statutes regarding persons with disabilities; and DHHS programs, such as Protection and Safety and public assistance programs.

Questions or Comments??

- CMS did not have additional questions

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b. Service Plan Development Safeguards.

Select one:

○	**Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.**
○	**Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.** The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify*:

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b. Service Plan Development Safeguards. Select one:

- Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.

Questions or Comments??

- Questions asked of Appendix D-1b. Service Plan Development Safeguards:
  - Comprehensive Waiver Only
    - 59. Clarify how health and welfare are addressed in the assessment process.

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> c. **Supporting the Participant in Service Plan Development**. Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

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c. **Supporting the Participant in Service Plan Development** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

- The individual's DDD service coordinator provides support to the individual to actively lead in the development of their service plan. The individual also has the option to direct his/her service coordinator to facilitate the service plan development meeting so that the person may actively participate as a team member.

a) The supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process.

- Information is provided by DDD staff at a local level to the individual, legal representative, and as applicable, their family about services offered under the waiver program; the participant/guardian rights and obligations; due process rights; providers' roles and responsibilities; for applicable participant-directed service options, how to hire, fire, and direct providers; and claims review and verification processes. A Non-specialized Services Handbook is provided to each waiver participant and includes information on the purpose and use of the handbook; an introduction to self-directed services; rights, responsibilities, and risks; developing a plan; finding providers; hiring providers; training providers; working with providers; personal safety; and monitoring the plan. The handbook includes what standards and qualifications providers are expected to meet; an introduction for providers, respecting the individuals and families, general standards, standards for specific services, and information on authorization and billing.
- Information is available on the DHHS public website, and is directly provided verbally and in written form prior to entry into the waiver services. When contacted, general information is provided by DDD central office staff.

b) The participant's authority to determine who is included in the process.

- Persons eligible for DD services have a service plan developed prior to the initiation of waiver services. This person-centered and self-directed plan is individually tailored to address the unique preferences and needs of the person. Participants in the planning process will be determined by the individual and the legal representative, but must at least include the individual, representatives of specialized DD provider(s), the Service Coordinator, and the legal representative if there is one. The individual may raise an objection to a particular provider representative and the service plan team must attempt to accommodate the objection while allowing participation by provider representatives. The service plan must identify the needs and preferences of the individual and specify how those needs and preferences will be addressed. This must include identification of services and supports to be provided under the waiver program, as well as services and supports to be provided by other non-Medicaid resources.

Questions or Comments??

- CMS did not have additional questions

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d. Service Plan Development Process In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

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d. **Service Plan Development Process.** In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

a) Who develops the plan, who participates in the process, and the timing of the plan

- The purpose of the annual service plan meeting is to determine waiver and non-waiver services, interventions, strategies, and supports to be provided to assist the individual to achieve his/her future plan, or personal goals.
- The purpose of semi-annual service plan meeting is to review the implementation of the annual service plan, to document the individual's future plans and personal goals, to explore how the team can assist the individual to achieve those goals, to determine what information is needed to develop appropriate supports to assist the individual to achieve future plans, to assign responsibility for gathering information if needed, and to review any other issues which have impact on the individual's and/or family's life.
- Persons eligible for waiver services have a service plan developed prior to the initiation of services and annually thereafter. This person-centered and self-directed plan is individually tailored to address the unique preferences and needs of the person. Participants in the planning process is determined by the individual and/or the family or legal representative, if applicable, but must at least include the individual, the service coordinator, the legal representative if there is one, and DD provider agency representatives when specialized DD services are provided. The service coordinator is responsible for scheduling, coordinating, and chairing all service plan meetings, and facilitating the participation of all team members. The service coordinator elicits and records facts and information from other team members, advocates for the person receiving services, encourages team members to explore differences and discover areas of agreement so that consensus can be reached, documents the service plan and the specific responsibilities of each team member with regard to implementation of services, supports, and/or strategies, and adheres to the electronic processes for service plan development and authorization. Meetings are scheduled at a time and place that accommodates the needs of the individual served, the legal representative of the person receiving services (if applicable), the parent(s) (if the person desires parental involvement in the process), and the chosen advocate of the person receiving services (if applicable). Dates for regularly scheduled service plan meetings are scheduled well in advance to assure attendance by all team members. The person and/or family receiving services or any other team member of the interdisciplinary team may request a team meeting at any time.

b) The types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status.

- The service plan must identify the needs, goals, and preferences of the individual and specify how those needs, goals, and preferences will be addressed.
- Assessments to support the service plan development are determined by the team and may include, but are not limited to, the Inventory for Client and Agency Planning (ICAP), Developmental Index, assessments completed by the specialized DD provider, if applicable, assessments completed during the participant's school years, if applicable, medical evaluations, and psychological reports.

c) How the participant is informed of the services that are available under the waiver.

- The participant is informed of the services that are available under the waiver prior to the initial plan development and annually thereafter at the pre-service plan meeting. Information about services is provided verbally and in writing by DDD staff at a local level to the individual, legal representative, and as applicable, their family about services offered under the waiver program; the participant/guardian rights and obligations; due process rights; providers' roles and responsibilities; for applicable participant-directed service options, how to hire, fire, and direct providers; and claims review and verification processes. A Non-Specialized Services handbook is provided to each waiver participant and includes information on the purpose and use of the handbook; an introduction to self-directed services; rights, responsibilities, and risks; developing a plan; finding providers; hiring providers; training providers; working with providers; personal safety; and monitoring the plan. The handbook includes what standards and qualifications providers are expected to meet; an introduction for providers, respecting the individuals and families, general standards, standards for specific services, and information on authorization and billing.
- Information about services is also provided when funding is approved and upon request. Information is available on the DHHS public website, and is directly provided verbally and in written form prior to entry into the waiver services. When contacted, general information is provided by DDD central office staff.

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d) How the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences.

- Prior to waiver entrance, an interdisciplinary team develops a detailed annual service plan through assessment, discussion, consensus, and assignment of responsibilities. The annual plan includes, as appropriate:
  - Employment goals and strategies when the youth is at least 16 years of age;
  - Medical information;
  - Nutritional considerations;
  - As applicable, physical nutritional management plans;
  - Adaptive devices, including support and protective devices;
  - Physical and nutritional supports;
  - Medical conditions and known allergies;
  - Medications;
  - Rights and rights restrictions;
  - Legal needs;
  - Finances;
  - Identification of basic and other needs, which include:
    1. Physical survival
    2. Physical comfort
    3. Emotional well-being/happiness and personal satisfaction
    4. Personal independence and self-care
  - Requested service(s);
  - Identification of current providers and a plan to locate needed provider(s), if applicable;
  - Description and schedule of strategies, services, and supports to be provided, taking into consideration individual's personal and career goals and identified needs;
  - Identification of the prospective budget amount and the projected monthly cost/utilization of the services and supports to be provided, as well as services and supports to be provided by other non-DD funded resources.
  - Back-up plan, for each participant-directed service, in the event non-specialized services can't be provided or aren't provided as scheduled.
- The service plan indicates how the team believes that this plan will meet the health and safety needs of the individual. These needs may be met by a combination of specialized DD services/supports, non-specialized supports, natural supports, services/supports from other DHHS programs and other services/supports from other non-Medicaid sources. If it is determined that the needs cannot be met under the current plan without posing a threat to the health and safety of the individual, the team will re-consider the appropriateness of the individual receiving services through the waiver. This may require referral to other services or programs and the development of an alternate plan.
- The SC's Supervisor ensures that the service plan addresses the individual's goals, needs (including health care needs), and preferences by reviewing and approving each service plan and budget authorization prior to implementation.

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e) *How waiver and other services are coordinated.*

- Coordination of waiver services includes documentation, referral, and follow-up. The SC is responsible for coordination and oversight of the delivery of effective services for individuals through assessment, service plan development, referral, and monitoring activities. The SC along with the individual, legal representative, and as applicable, their family determines the level of coordination desired. The SC may make direct referrals and coordinate related activities to help an individual obtain needed habilitation services, medical, social, educational providers, or other programs and services, and may make referrals to providers for needed services and schedule appointments for the individual. The SC may provide information about referrals and resources to the individual, legal representative, and as applicable, their family.
- The SC completes monitoring and follow-up activities with the individual, family members, providers, or other entities to ensure that the service plan is effectively implemented and adequately addresses the needs of the individual, and whether there are changes in the needs or status of the individual that warrant making necessary adjustments in the service plan and service arrangements with providers. When requested, the SC may serve as liaison for the individual and family with service provider and the community.

f) *How the plan development process provides for the assignment of responsibilities to implement and monitor the plan.*

- The service plan document identifies the services and supports, schedule of delivery of services and supports, and responsibilities to implement the plan. The specialized DD provider agency representatives must participate in development of the service plan and take the necessary steps to ensure that the service plan documents the team review, discussions, and decisions. The service coordinator is responsible for monitoring the implementation of the plan by observing and documenting observations on the service plan monitoring form. Monitoring is completed at a minimum, within 60 days following the annual and semi-annual meetings and as opportunity arises.

g) *How and when the plan is updated, including when the participant's needs change.*

- At a minimum, the team comes together annually to develop the service plan, and semi-annually to review the service plan. The service plan is updated during the semi-annual service plan meeting, and when circumstances and/or needs change the service plan may be updated following discussion and agreement via an in-person, electronic, or written communication.

Questions or Comments??

- Questions asked of Appendix D-1-d(f) Monitor Service Plan:
  - Adult Day Waiver Only
    - 39. Please specify the required frequency of monitoring a service coordinator must perform. “As opportunity arises” does not meet the requirement an individual’s service plan and needs are monitored based on the individual’s needs.

Appendix D: Participant-Centered Planning and Service Deliver

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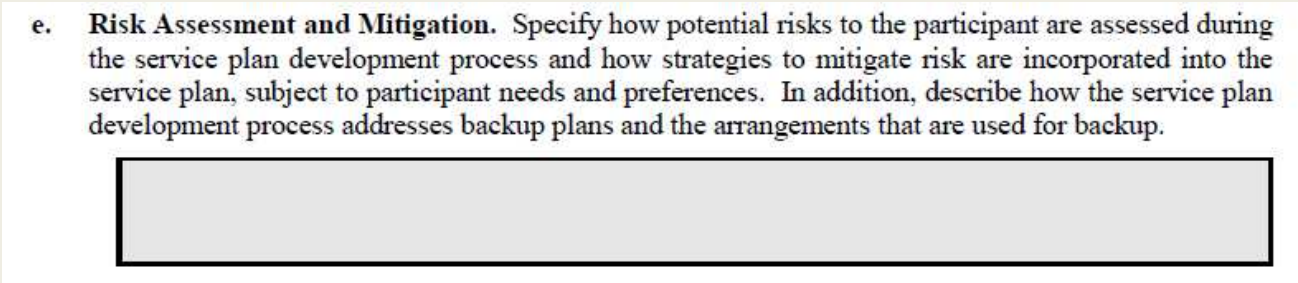

e. **Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

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e. **Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

- Assessment is required at least annually in conjunction with development of the service plan to identify the preferences, skills and needs of the person.
- Strategies are developed by the team to address areas of risk that are identified through the assessment process. If, for example, it is identified through assessment that a person has the need to have their blood pressure monitored, the team would determine the method for ensuring such monitoring and informal teaching may be provided to enable the person to develop independence in the skills necessary to self-monitor. In addition to the informal teaching, the team would develop a strategy for inclusion in the service plan as a backup plan. The strategy specifies who will be responsible for monitoring the individual's blood pressure and how often it must be monitored.
- The following is included in every service plan:
  - A description and schedule of waiver services and supports to be provided, taking into consideration the individual's goals, preferences and identified needs;
  - The identified provider(s);
  - A back-up plan for each non-specialized service, in the event non-specialized services can't be provided or aren't provided as scheduled. Back-up plans may include a temporary increase in natural supports, hiring additional on-call providers, etc.;
  - Documentation of how the team believes that this plan will meet the health and safety needs of the individual. These needs may be met by a combination of specialized and non-specialized services, supports, and strategies; natural supports, or services and supports from non-Medicaid programs.
- Further assessment may be required based on the outcome of initial assessment. If the team identifies an elevated risk to the person's health and welfare due to risk-taking behavior or a medical condition, additional steps must be taken to address behavioral or medical risk.
- When the team has attempted to manage a behavior unsuccessfully or feel they don't have the information necessary to develop an appropriate management plan, it may be appropriate for assistance from a DDD psychologist to be requested. If any of the following factors exist, a risk assessment should be considered after the team's attempts to manage the behavior have been unsuccessful:
  1. The individual has committed at least one physical attack towards another individual with intent to inflict severe physical harm; or three moderately aggressive acts which may be described as kicks, blows and shoving that does not cause severe harm to another person.
  2. The individual has had sexual contact/conduct with a child or non consenting adult or other vulnerable person; the sexual contact would include touching or fondling the person as well as physical penetration with a body part or implement or forcing that person to perform sexual acts on self.
  3. The individual has committed severe property destruction with the potential for injury to others, including destruction by fire.
  4. The individual has had illegal or unsafe social behavior towards others, including prostitution, confrontational theft or robbery, threatening another person with a weapon, kidnapping/false imprisonment, or child enticement.
- The primary intent of a risk assessment is to help the team understand the variables which could increase risk so that the team can incorporate these into programming to reduce risk. Central office management may determine that behavioral risk services are necessary and oversee the selection of a behavioral risk service provider.
- When medical risk is identified, the need for medical risk services will be determined by designated staff at central office. A referral is completed by the individual's service plan team to assist the team in planning, as a guide in giving adequate consideration to health and medical factors, or at the request of central office. When the team, which may include the individual's physician, believes that the individual's needs require medical risk services, the individual may be referred to DD central office for a formal health assessment by a DHHS Program Specialist RN. Medical history, current medical evaluations, and a formal health assessment are considered and recommendations or direction are provided to the team regarding optimal elements to consider when selecting or preparing service environments and treatment options that will best mitigate risks identified and support the individual. Central office management may determine that medical risk services are necessary and oversee the selection of a medical risk service provider.
- If it is determined that the needs cannot be met under the current plan without posing a threat to the health and safety of the individual, the team may need to re-consider the appropriateness of the individual receiving his/her current waiver services. Current services and the provision of services may be adjusted or additional waiver and/or non-waiver services and supports may be accessed. When health and welfare needs cannot be met within the limits, adjustments, or exceptions, or a referral to another HCBS waiver, non-waiver services and supports will be determined on a case by case basis. Additional funding may be requested when a waiver participant's needs cannot be safely met with funding solely based on the ICAP score. Based on input from the provider and guardian, if applicable, the team may submit a clinical rationale and supporting documentation to request an exception to the OAP. The amount of exception funding is determined administratively based on justification by the team of a temporary increased service need of the individual. To the base funding, determined by OAP, is added the cost of provider supports to mitigate any risks identified in clinical assessments.
- Back up arrangements for the delivery of residential or day habilitation services by the DD provider agency are described in the provider's policies and procedures. Each agency has on-call or substitute staff available when a staff person fails to appear for work. Agency staff and/or parents have contact information for the DD agency's Manager or Coordinator who is responsible for scheduling and assigning on-call staff. Information about back-up plans for the delivery of residential or day habilitation services is provided by the DD provider agency to the individual and family or legal guardian when the DD agency provider is selected.
- Back up arrangements for the delivery of non-specialized Community Living and Days Supports (CLDS) and Respite are determined on an individual basis. The need for and type of back up is discussed at the service plan meeting and documented in the service plan. Consideration is given to the natural supports that may be available to fill in and the availability of other enrolled providers in the community who could deliver services. Multiple independent providers may be enrolled as back up or substitute providers.

Questions or Comments??

- Questions asked of Appendix D-1-e Risk Assessment and Mitigation:
  - Adult Day Waiver Only
    - 42. Please specify how emergency risks and back-up plans are address, identified and developed, e.g. emergency responsiveness and/or evacuation due to natural disasters.

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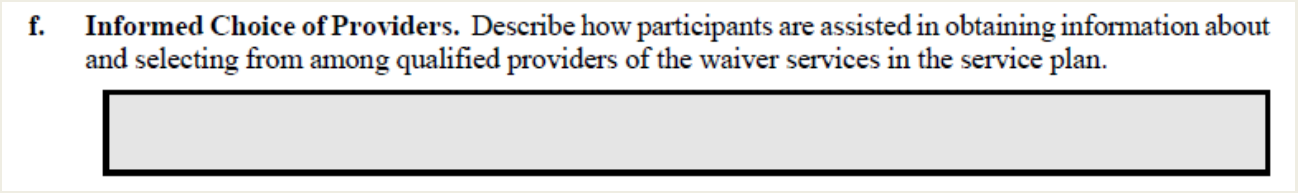

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

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f. **Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

- Nebraska's services for individuals with developmental disabilities are voluntary, both for the individual and the provider. Choice of providers and services is based on mutual consent.
- Nebraska has regulations and processes in place to ensure individuals are provided information about DD services and providers to facilitate informed decisions. DHHS offices are located throughout the state to provide a statewide system of service coordination. The DHHS DDD public website includes information about the Division's responsibilities, service coordination, services funded by DHHS and DDD, certified DD provider agencies, and non-certified independent non-specialized providers as well as links to other resources for individuals and families.
- The service coordinator provides the individual, and/or the family or legal representative, if applicable, information about or web addresses or links to local community services and supports, service coordination, services funded by DHHS and DDD, currently certified DD provider agencies, and non-certified independent non-specialized providers.
- Information about local community services and supports, and how to access available services is provided to participants. Answers4Families is an internet family information and resource center, developed by DHHS in partnership with the University of Nebraska Center on Children, Families, and the Law. E-mail discussion groups are available and the directory (Nebraska Resource and Referral System) includes over 8,000 providers of services and supports in the state. Feedback on the site can be given instantly, with corrections the next business day, and every resource is updated every six months.
- Ready, Set, Go! is a web-based series of materials and resources intended to assist in making decisions about supports for young adults with intellectual or developmental disabilities as they move from high school to adult life.
- Some local Arcs, in collaboration with local public school's Special Education departments, Vocational Rehabilitation services, and Service Coordination offices also co-sponsor a "Provider Fair." Provider Fairs give the individual and his/her family/legal guardian an opportunity to meet area DD provider representatives and ask questions about philosophy, services, supports, etc. The DD provider agencies hand out marketing materials and direct interested parties to their websites, and DDD representatives provide the DHHS DDD public website address and written materials about services provided by independent providers, such as the types of services and the provider standards.
- Service coordination staff may assist the individual, family, and/or legal guardian to arrange interviews with potential providers. Service coordination staff may assist the individual, family, and/or legal guardian to arrange tours of potential specialized DD agency providers.
- Families often draw from their personal networks of family members not living in the household, friends, neighbors, teachers, paraprofessional/teacher's aides, church members, and local college students in order to select non-specialized providers.
- When the individual is considering assistive technology and supports, home modifications, and/or vehicle modifications, the SC makes a referral to an approved provider to ensure that the referral is an appropriate referral, based on the service definition of the applicable service and the provider's established protocols.
- The ATS, home modification, and vehicle modification service includes:
  - An assessment report, which is a summary of needs and current support; recommendations; cost estimate and cost coordination, if needed; and hiring and oversight of subcontractor;
  - If applicable, documentation of the orientation to and training on how to use the assistive equipment/support, which may include the delivery and/or installation dates;
  - Copy of signed subcontractor bill and signed consumer acceptance form; and
  - Narrative summary.

Questions or Comments??

- CMS did not have additional questions

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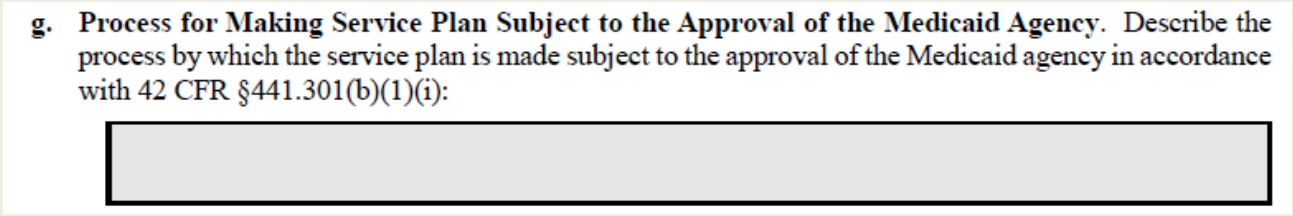

g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency. Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

Draft submitted in September 2015

g. **Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

- The Department of Health and Human Services is the state Medicaid agency for Nebraska. All functions related to service plan approval are completed by DHHS staff.

Questions or Comments??

- CMS did not have additional questions

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h. Service Plan Review and Update. The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

○	**Every three months or more frequently when necessary**
○	**Every six months or more frequently when necessary**
○	**Every twelve months or more frequently when necessary**

○	**Other schedule** *Specify the other schedule*:

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h. **Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

   - **Every six months or more frequently when necessary.**

Questions or Comments??

- CMS did not have additional questions

Appendix D: Participant-Centered Planning and Service Deliver

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i. Maintenance of Service Plan Forms. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following *(check each that applies)*:

☐	**Medicaid agency**
☐	**Operating agency**
☐	**Case manager**
☐	**Other** *Specify:*

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i. **Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following (check each that applies):

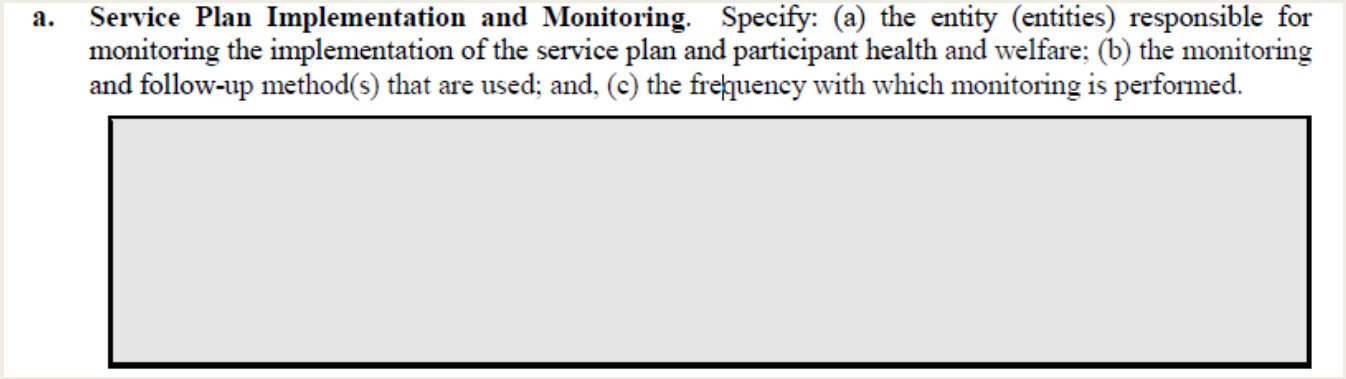
- **Medicaid agency**
- **Case manager**

Questions or Comments??

- CMS did not have additional questions

Appendix D: Participant-Centered Planning and Service Deliver

- Appendix D-2: Service Plan Implementation and Monitoring



a. Service Plan Implementation and Monitoring. Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

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D-2: Service Plan Implementation and Monitoring

a. **Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

a) *The entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare.*

- Service coordination is responsible for in-person, on-site monitoring of individual health and welfare and monitoring of the implementation of the service plan.

b) *The monitoring and follow-up method(s) that are used.*

- Monitoring and follow-up methods include:
- Documenting observations made during a planned monitoring visit or unscheduled visits.
- A review of all components of the service plan to ensure:
- Delivery of services, supports, and strategies in accordance with the service plan, with additional monitoring of behavioral risk services or medical risk services if applicable;
- Individual access to wavier and non-waiver services identified in the service plan;
- Free Choice of provider(s);
- Determination that services meet individual/family needs;
- Effectiveness of back-up plans, if applicable and utilized;
- Individual health and welfare; and
- Physical nutritional management.

– *Initiation of any action necessary to ensure the delivery of services and progress toward achieving outcomes. Necessary action includes reconvening the team if a change in the service plan is necessary.*

– *A semi-annual review of the service plan by the SC and the team in-person. The team must review progress, implementation of the service plan, and the need for any revisions to the service plan.*

– *Addressing concerns with the provision of services.*

– *Follow-up and remediation process for issues discovered during monitoring:*

– *Observations made during a review or "in passing" are documented. Should immediate safety concerns be evident, the concern will be expressed verbally to appropriate persons to prevent the individual served or others from being harmed. If it is necessary for the SC to intervene to ensure the health and/or safety of the individual, such incidents will be immediately discussed with the SC supervisor. Suspected abuse or neglect will be reported to DHHS Adult Protective Services and Child Protective Services as appropriate. Documentation will be completed.*

– *Service coordination observations during the delivery of participant-directed non-specialized services of Respite and Community Living and Day Supports are discussed with the individual and/or family, as appropriate, and the provider, as appropriate, as soon as possible, and followed through to resolution. If resolved at this level, resolution will be documented on the monitoring tool or in service coordination narratives. A team meeting may be called to respond to monitoring issues and to adjust the service plan if necessary.*

– *When a pattern is detected of inappropriate or inaccurate claims, a referral is made to the DHHS Program Integrity Unit.*

– *Specialized services are provider operated and include group home residential service, Integrated Community Employment, Behavioral Risk, Day Habilitation, Companion Home Residential service, Extended Family Home Residential service, In-Home Residential service, Medical Risk, Vocational Planning service, Supported Integrated Employment, Workstation service, and Team Behavioral Consultation. Observations during the delivery of specialized services will be discussed with appropriate provider agency staff as soon as possible. If resolved at this level, the resolution is documented in the SC narratives. If the issue is not resolved, the SC will complete a Service Review Memo and send to the provider agency staff supervisor and the SC's supervisor (SCS). A response is requested within ten days from receipt of the memo.*

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- *When a written response is received, the SC will review it to ensure that the action taken will correct the problem. If the response is not adequate or no response is received, the SC will contact the person to whom the form was sent to find out the status of the response. 1) If the response was inadequate, the SC may add comments made by the staff person to the response. If the response is still inadequate, the SC will copy the written documentation of noted concerns and send it to his/her immediate supervisor. 2) If no response was received and the staff person indicates when a response will be sent, the SC will use his/her judgment to determine whether to keep the form until the response is received or whether to copy the documentation and forward it to his/her immediate supervisor. The SC's supervisor will address the issue with the supervisor of the provider agency staff responsible for making changes or corrections to alleviate the concerns. The SCS will notify the SC with the results of the contact and the SC will document in the narratives. The issues must be addressed in writing. A response within ten days will be requested if the issue has not been resolved. When a response is received, the supervisor and SC will review the response to ensure that it meets the expectations in correcting the problem. If no response or an inadequate response is received, the SCS will copy the written documentation of noted concerns and send it to the Administrator of Services (AS) or their designee.*
- *The AS or designee will contact the Area Director of the provider agency to develop a mutually agreed-upon plan of action. If no resolution is achieved, or if trends show that the problems are recurring (such as "no ongoing habilitation provided," "programs not run as written," "programs not run at all," etc.) the AS or designee will inform the DDD Central Office of the problems. Central Office staff will review the concerns to determine what steps to take and will notify the AS or designee. Central office staff may provide consultation/technical assistance to the DD provider agency, perform a focused certification or contract compliance review specific to the delivery of services to an individual or provider setting, or complete a complaint investigation.*
- *During certification reviews conducted by DDD Surveyors, the service plan is reviewed using the Core Sample Record Audit and, if behavior modification is a part of the service plan, the Core Sample Review Checklist. Certification reviews are conducted annually, biennially, or as determined by DDD management staff.*
- *In addition, the service plan is reviewed annually to determine if the plan developed by the individual's team meets the individual's needs and also to determine if services are implemented in a manner that meets the individual's needs. Areas of services reviewed for example are health, safety, habilitation, and personal goals. The service plan identifies services, supports, interventions, and strategies to be provided by the specialized DD provider agencies as well as services provided by non-specialized independent providers of DD services. When non-compliance issues are identified with the provider agency, the types of action that may be taken range from citing a deficiency to termination of the provider agency. The general action taken is a citation of a deficiency and the provider must provide an acceptable plan of improvement that addresses the issues cited for those individuals identified in the sample as well as address the issue cited on a system level within the specialized provider.*
- *The information derived from monitoring the implementation of the service plan and review of the service plan is entered into a database. Designated DHHS staff has access to the database and may query the data to identify problems and trends.*

c) *The frequency with which monitoring is performed.*

- Service Coordination will verify, through ongoing monitoring efforts, that the services and supports provided continues to be effective in preventing recurring problems. Service Coordination monitors the implementation of each service plan. This oversight has long been a part of the regulations, policies, and expectations regarding the role of service coordination in monitoring. In-person and on-site full reviews are conducted at least twice annually on each person in services with ongoing in-person and on-site monitoring conducted between the full monitoring. The current on-site monitoring tool is designed to review the implementation of the total service plan after both the annual and semi-annual team meetings. Between these full monitorings, the SC conducts ongoing monitoring on-site and in-person. During each of these monitoring sessions, the SC may scrutinize only some of the items on the monitoring form. This will allow for focused monitoring if issues have been raised or are noted during the time of the monitoring.

Questions or Comments??

- Questions asked of Appendix D-2-a(b) Monitoring and Follow-Up Methods:
  - Both Adult Day and Comprehensive Waivers
    - 40 & 60. Please specify whether service coordinators monitor to ensure an individual resides and/or receives services in a setting that meets the home and community-based regulations and requirements.
- Questions asked of Appendix D-2-a(b) Monitoring and Follow-Up Methods:
  - Comprehensive Waiver Only
    - 61. How does the SC assess the effectiveness of the back-up plans including natural supports?
- Questions asked of Appendix D-2-a(c) Frequency with which Monitoring is Performed:
  - Adult Day Waiver
    - 41. Please specify the required frequency of monitoring a service coordinator must perform and how it support the needs of the individual.

Appendix D: Participant-Centered Planning and Service Deliver

- Appendix D-2: Service Plan Implementation and Monitoring

b. Monitoring Safeguards. *Select one:*

○	**Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.**
○	**Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.** The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. *Specify*:

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b. **Monitoring Safeguards.** Select one: **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.**

Questions or Comments??

- CMS did not have additional questions

Appendix E: Participant Direction of Services

- Appendix E-1: Overview

a. Description of Participant Direction. In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

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Yes. This waiver provides participant direction opportunities.
No. Independence Plus designation is not requested.

a. **Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

a) *The nature of the opportunities afforded to participants*

- DDD embraces a self-directed philosophy, designed to provide choice when determining the services and supports that are needed to maximize the independence of the person with an intellectual or other developmental disabilities. The service coordinator is involved in supporting participant direction. The SC supports participant direction by meeting with the individual and family to facilitate discussion of the individual's budget, the participant-directed services available to the individual, and responsibilities associated with choosing participant-directed services. The SC may assist in locating independent providers and facilitate interviewing the perspective providers and may assist in setting up referral meetings with certified DD provider agencies. The SC facilitates and documents the service plan meeting.
- Opportunities for participant direction are available to individuals that choose non-specialized DD services and some specialized DD services delivered by certified DD provider agencies. Non-specialized services are services directed by the individual or guardian or when the individual has selected a family advocate. Family/guardian-directed or participant-directed services are intended to give the individual more control over the type of services received as well as control of the providers of those services.
- The underlying philosophy of offering non-specialized participant-directed services is to build upon the individual and family strengths and to strengthen and support informal and formal services already in place. Non-specialized participant directed services include Respite and Community Living and Day Supports. When specialized services are chosen, participants have the opportunity to choose their Extended Family Home provider and choose their housemates when Companion Home service is selected. When applicable, participants choose their roommates and personal activities, participate in scheduling mealtimes and activities with housemates, participate in setting general house rules, and determine their personal schedules when Group Home or Extended Family Home service is selected.

b) *How participants may take advantage of these opportunities*

- Persons eligible for waiver services participate in the development of their service plan prior to the initiation of services and annually thereafter. The purpose of the annual service plan meeting is to determine waiver and non-waiver services, interventions, strategies, and supports to be provided to assist the individual to achieve his/her future plan, or personal goals. The purpose of semi-annual service plan meeting is to review the implementation of the annual service plan, to document the individual's future plans and personal goals, to explore how the team can assist the individual to achieve those goals, to determine what information is needed to develop appropriate supports to assist the individual to achieve future plans, to assign responsibility for gathering information if needed, and to review any other issues which have impact on the individual's and/or family's life. The person and/or family receiving services, or any other team member of the interdisciplinary team, may request a team meeting at any time between the annual and semi-annual meetings to update the service plan when circumstances and/or needs change.
- The individual has the right and responsibility to participate to the greatest extent possible in the development and implementation of his or her plan. This person-centered service plan is individually tailored to address the unique preferences and needs of the person. Participants in the planning process are determined by the individual/family or the legal representative, if applicable, but must at least include the individual/family, the service coordinator, the legal representative, if there is one, and DD provider agency representatives when specialized DD services are provided. The participant may take responsibility or direct their SC to be responsible for scheduling, coordinating, and chairing all service plan meetings. The SC assists the participant or directly facilitates the participation of all team members. The service plan must identify the needs and preferences of the individual and specify how those needs will be addressed. This must include identification of services and supports to be provided as well as services and supports to be provided by specialized (i.e. provider operated) services and other non-DDD funded resources.
- Individuals and/or their families have the right and responsibility to select potential independent providers, as well as specialized DD provider agencies. The individual and/or their family identifies a potential independent provider and screens the provider to determine capability for delivery of non-specialized services, based on the waiver participant's needs and preferences, and the potential provider's experience, knowledge, and training, and the individual and/or their family describes to the provider the supports to be delivered. For specialized services, the individual and/or their family identifies a potential certified provider agency and screens the provider to determine capability for delivery of specialized habilitation (teaching and supporting) services, based on the waiver participant's needs and preferences, and the potential provider's experience.

c) *The entities that support individuals who direct their services and the supports that they provide.*

- At any time, the individual or his/her family can request assistance from the SC. The service coordinator may complete the above steps, as directed by the individual and/or family.
- Once the non-specialized provider is enrolled and prior authorized for delivery of services, the individual and/or family directs the provider by setting the schedule and determining how the services will be delivered, and, based on the service plan, the type and amount of service.
- The individual also has the authority to "fire" the provider, by directing DHHS staff to end the authorization for the delivery of non-specialized services. DHHS has the option to retain the contract to allow other individuals to utilize the enrolled provider.
- The DHHS is appointed the employer's agent as a means to ensure all requisite IRS rules are being followed.

Questions or Comments??

- CMS did not have additional questions

Appendix E: Participant Direction of Services

- Appendix E-1: Overview

b. Participant Direction Opportunities. Specify the participant direction opportunities that are available in the waiver. *Select one:*

○	**Participant – Employer Authority.** As specified in ***Appendix E-2, Item a,*** the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
○	**Participant – Budget Authority.** As specified in ***Appendix E-2, Item b***, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
○	**Both Authorities.** The waiver provides for both participant direction opportunities as specified in ***Appendix E-2***. Supports and protections are available for participants who exercise these authorities.

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b. **Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver. Select one:

- ☒Participant: Employer Authority. As specified in **Appendix E-2, Item a**, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.
- ☐Participant: Budget Authority. As specified in **Appendix E-2, Item b**, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.
- ☐Both Authorities. The waiver provides for both participant direction opportunities as specified in **Appendix E-2**. Supports and protections are available for participants who exercise these authorities.

Questions or Comments??

- CMS did not have additional questions

Appendix E: Participant Direction of Services

- Appendix E-1: Overview

c. Availability of Participant Direction by Type of Living Arrangement. *Check each that applies:*

☐	**Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.**
☐	**Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.**
☐	**The participant direction opportunities are available to persons in the following other living arrangements** *Specify* these living arrangements:

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c. **Availability of Participant Direction by Type of Living Arrangement.** Check each that applies:

- ☒Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.
- ☒Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.
- ☒The participant direction opportunities are available to persons in the following other living arrangements.
- Specify these living arrangements:
  - Group homes with four or more unrelated persons with DD, licensed as a Center for persons with Developmental Disabilities.

Questions or Comments??

- CMS did not have additional questions

Appendix E: Participant Direction of Services

- Appendix E-1: Overview

d. Election of Participant Direction. Election of participant direction is subject to the following policy (*select one*):

○	**Waiver is designed to support only individuals who want to direct their services.**
○	**The waiver is designed to afford every participant (or the participant's representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.**
○	**The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.** *Specify the criteria*

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d. **Election of Participant Direction.** Election of participant direction is subject to the following policy (select one):

- ☒The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the State. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.
- Additional criteria that excludes participant-direction:
- DDAC:
  - 1) Person meets eligibility criteria for Behavior Risk services;
  - 2) Person meets eligibility criteria for Medical Risk services; or
  - 3) Person chooses specialized intermittent or continuous services that are controlled and operated by the DD provider.
- DDAD:
  - Person chooses specialized intermittent or continuous services that are controlled and operated by the DD provider.

Questions or Comments??

- CMS did not have additional questions

Appendix E: Participant Direction of Services

- Appendix E-1: Overview

e. Information Furnished to Participant. Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

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e. **Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

a) The information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction

- Information about participant direction opportunities is available to individuals who are currently receiving DD services as well as to any individual entering DD services. Information is provided verbally and in written materials by the SC or designated DDD staff, and is provided to the individual and guardian, if applicable, prior to entrance to the waiver and prior to the annual service plan development meeting to allow sufficient time for the participant to weigh the pros and cons of participant direction and obtain additional information as necessary. Information about participant direction opportunities is available in a non-specialized services handbook, pamphlet, the DHHS website and other public communications, such as information from Nebraska Department of Education about post-high school opportunities and information developed through the Nebraska DD Council.
- The non-specialized services handbook is utilized as a training tool and post-training reference guide for individuals and his/her support system. The handbook includes the purpose of the handbook, an overview of non-specialized services, and tips for determining the appropriateness of participant-directed services and supports, developing a plan, and putting the plan into action. The handbook also includes tips for finding the right provider, provider and service standards, participant liability (e.g. participants are not liable for tax liabilities), preparing for an emergency, and additional resources. Billing and authorization guidelines for providers and how to fill out and submit a claim are also included in the non-specialized services handbook.

b) The entity or entities responsible for furnishing this information

- The DHHS DDD public website includes information about the Division’s responsibilities, service coordination, services funded by DHHS and DDD, certified DD provider agencies, and non-certified independent non-specialized providers as well as links to other resources for individuals and families.
- The service coordinator and designated DD staff provide the individual, and/or the family or legal representative, if applicable, information about or web addresses or links to local community services and supports, service coordination, services funded by DHHS and DDD, currently certified DD provider agencies, and non-certified independent non-specialized providers.

c) How and when this information is provided on a timely basis.

- The provision of written information about participant - directed services and supports is an integral component of the development of the service plan. The participant's service coordinator provides verbal and written information about participant - directed services and supports to individuals and families at entry into waiver services, annually thereafter and as requested.

Questions or Comments??

- CMS did not have additional questions

Appendix E: Participant Direction of Services

- Appendix E-1: Overview

f. Participant Direction by a Representative. Specify the State's policy concerning the direction of waiver services by a representative *(select one)*:

○	**The State does not provide for the direction of waiver services by a representative.**
○	**The State provides for the direction of waiver services by representatives.** Specify the representatives who may direct waiver services: *(check each that applies)*:
☐	**Waiver services may be directed by a legal representative of the participant.**
☐	**Waiver services may be directed by a non-legal representative freely chosen by an adult participant.** Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

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f. **Participant Direction by a Representative.** Specify the State's policy concerning the direction of waiver services by a representative (select one):

- **The State provides for the direction of waiver services by representatives.**
- Specify the representatives who may direct waiver services: (check each that applies):
- ☒Waiver services may be directed by a legal representative of the participant.
- ☒Waiver services may be directed by a non-legal representative freely chosen by an adult participant.
- Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:
- Appointment of a representative is a voluntary appointment, and the representative is appointed by the participant or legal representative. The responsibilities and extent of decision making authority exercised by the representative is determined by the participant and his/her team and documented in the service plan.
- Service coordination provides monitoring to ensure that the representative functions in the best interest of the participant.
- The representative cannot also be paid to provide waiver services to the participant.

Questions or Comments??

- CMS did not have additional questions

More to come at later date